

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83493959

GENERATOR NAME AND MAILING ADDRESS

F.M. THOMAS AIR CONDITIONING  
2311 GIMINI AVE.  
BREA, CA. 92621

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

F.M. THOMAS AIR CONDITIONING

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.  
12504 E. WHITTIER BLVD.  
WHITTIER, CA. 90602

AREA CODE/PHONE NUMBER 213/698-0991

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CAX000038034

VEH./CONTAINER NO.

EPA ID NUMBER

VEH./CONTAINER NO.

EPA ID NUMBER

CAX000038034

EPA ID NUMBER

CAD042245001

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA  
NUMBER

TOTAL  
QUANTITY

UNIT  
WT/VOL

CONTAINER  
NO TYPE

WASTE  
CAT NO

DISP  
METH

HAZARDOUS WASTE, LIQUID N.O.S - ORM-E  
(R-11)

NA9189

300

P

3DM21101

COMPONENTS

CONC. RANGE  
UPPER LOWER

UNITS  
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

THOMAS MICHAEL FEYKA

Printed or typed full name and signature

MO. 6 DAY 4 YR 84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE  
REC'D  
&  
ACCEPTED

MO. 6 DAY 4 YR 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE  
REC'D  
&  
ACCEPTED

MO. DAY YR

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note TSD/F must complete waste number.

Jay Solomon

Printed or typed full name and signature

EPA ID NUMBER

CAD042245001

DATE RECEIVED & ACCEPTED

MO. 06 DAY 04 YR 84